

YouthLens

on Reproductive Health and HIV/AIDS

Creating Youth-Friendly Pharmacies

Youth prefer pharmacies for contraceptive services, but training and other efforts are needed to expand youth-friendly pharmacies.

Pharmacies worldwide offer an underutilized resource for providing reproductive health information and services to youth, especially contraceptives and referrals to services for sexually transmitted infections (STIs). Pilot programs have helped pharmacies function in a more youth-friendly way and make these services better known to youth. However, communities sometimes resist such efforts. Even where there is stakeholder support, adequate investments are necessary to ensure quality, youth-friendly services.

Advantages and Challenges

Youth have expressed a preference for pharmacies as a source of contraceptive information and methods.¹ Studies from Zambia, El Salvador, the United States, and the United Kingdom have shown that youth often view staff from public health care facilities as unwelcoming and judgmental.² Youth said that they do not like public services because of embarrassment, lack of privacy, and the fact that clinics may not be open when services are needed. In contrast, youth preferred pharmacies due to their shorter or no waiting periods, no intimidating waiting rooms, convenient locations in neighborhoods where they live and go to school, more accessible and friendly staff, no consultation or counseling fee, and more anonymity.

While adolescents say they prefer pharmacies, many pharmacists have not received training on subjects such as reproductive health counseling and contraceptive use, and many are not motivated to provide counseling.³ To address such shortcomings in knowledge and counseling, training has to reach a mobile and diverse population, from highly trained, educated, motivated professionals to untrained, less-educated drug dispensers. In addition, structural issues pose challenges. The variety of institutions in the pharmacy sector – including druggists, chemists, and small shopkeepers – present a challenge for ministries of health and others attempting to monitor and regulate reproductive health services. Tensions between medical practitioners and pharmacists can also be a barrier.⁴

Model Develops Curriculum, Branding Approach

Recognizing the potential for expanding the availability of reproductive health services to youth through pharmacies, the Program for Appropriate Technology in Health (PATH) launched a project in 2000 in Cambodia, Nicaragua, and Kenya. Called RxGen, the project worked with local stakeholders and partner organizations in each country to establish training systems for pharmacists and counter staff. The training focused on information and services related to contraceptive methods and management of STIs, including





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HIV/AIDS. PATH developed a standard curriculum for the training, which was modified in each country. The projects also trained peer educators in selected neighborhoods to inform youth about the availability of youth-friendly services, identified by a branding symbol in the pharmacy window. In Kenya, for example, the pharmacies with staff trained by the project displayed a green "Y" logo to indicate they were youth-friendly.

A preliminary assessment indicated that the project has increased pharmacy personnel's capacity to provide high-quality reproductive health services to youth.⁵ Data suggest that pharmacy staff gained knowledge of contraception and STIs. The portion of pharmacy staff providing contraception correctly went from between 0 and 30 percent before the training to about 80 percent after the training. Research assistants who posed as shoppers ("mystery shoppers") found that after the training, more than half of pharmacy staff spontaneously offered information about STIs when shoppers sought contraceptives. The evaluation also showed that services were being provided in a youth-friendly manner, with at least 75 percent of mystery shoppers in all three countries reporting a positive experience in the pharmacies.

In the first three years of the six-year project, the local projects trained some 1,000 pharmacists and staff from more than 500 pharmacies registered with ministries of health in the three countries. In 2003, the project expanded to include Vietnam as a fourth country. The project is working to institutionalize the training curriculum in Nicaragua and Vietnam, as was done with the pharmacists' association and a major university offering pharmacy training in Cambodia. A final assessment of the project will be available when the project concludes at the end of 2005. PATH has developed a global tool that provides programmers in other countries with a full set of prototype tools to use to develop similar projects (see box, next page).

Other Lessons Learned

In 2001, a project funded by the U.S. Agency for International Development, called Commercial Market Strategies (CMS), initiated a pilot project to develop a network of youth-friendly pharmacies. Working with local partners in Guanajuato, Mexico, and San Salvador, El Salvador, the project trained pharmacists and clerks to improve their knowledge of reproductive health and provision of services to youth, following feasibility studies using focus groups and mystery clients showing the need for such training.⁶ The project implemented an information, education, and communications (IEC) campaign to increase awareness of youth-friendly pharmacies among sexually active youth. The campaign included a logo designed by youth, a toll-free hot line, a Web site, and IEC materials disseminated in schools, cafes, and other places where youth gathered. In El Salvador, political opposition interrupted the implementation of activities, as concern arose over youth seeking reproductive services directly from pharmacies.

In evaluations in both countries, mystery clients visited trained and untrained pharmacists. In El Salvador, youth reported that 74 percent of those trained were friendly to youth, compared with 53 percent of those untrained, and 67 percent of those trained showed interest in reproductive health issues, compared with 45 percent of the untrained. The trained providers were also more likely to recommend condom use during each sexual act and explain how to use condoms. The findings in Mexico were similar in these measurements.⁷

In Mexico, where the activities were fully implemented with strong community support, improvements with significant differences between the trained pharmacists and the control pharmacies were in the pharmacy environment, promotional materials available, availability of specific materials with information about contraceptive methods and reproductive health, the amount of time the clerk spent with an adolescent, how "friendly" adolescents were treated, and how satisfied the adolescents felt about the technical competence of the clerks.⁸

Based on the positive results, the local partner, CELSAM, was able to obtain support from the Ministry of Health to expand the project to three other states in Mexico. CELSAM provided the training materials and templates for the promotional materials, which were reproduced by the state public sector agencies. About 520 pharmacists and clerks have been trained in some 125 pharmacies.

In another pilot study in Bolivia in 2000-2001, the Population Council collaborated with Save the Children in an effort to create youth-friendly pharmacies. The project trained pharmacy staff in youth-friendly services and adolescent reproductive health issues, developed and disseminated IEC materials, raised adolescents' awareness of their sexual and reproductive rights, and facilitated dialogues between pharmacy staff and adolescents to negotiate service improvements. The study demonstrated increased demand by both males and females for contraceptive information as well as increased sales of contraceptives. Mystery client surveys found increased comfort and satisfaction with services, decreased age discrimination, and improved counseling and use of IEC resources. However, mystery clients often received incomplete or biased information on contraceptive options.⁹

Other types of projects offer opportunities to expand youth-friendly pharmacies. In Mexico, a national youth-friendly network called Gente Joven includes clinics, outreach efforts, and pharmacies, all linked together through the Mexican Family Planning Association (Mexfam). Another opportunity for youth is the new attention projects are giving to providing antiretroviral drugs for HIV and other infections, including through pharmacies. In 2005, the Global HIV/AIDS Initiative in Nigeria (GHAIN) hired six pharmacists to serve as state pharmacy coordinators in GHAIN's six priority states. They assess services in hospital and community pharmacies and meet with chapters of the local pharmacy associations. Hopefully, this kind of attention to pharmacies can include a focus on providing services to youth.

Moving Beyond Pilot Efforts

Studies have clearly indicated that sexually active adolescents prefer seeking services from pharmacies, but at the same time, pharmacies are not currently well-equipped to provide the quality services and counseling adolescents need. Pilot projects provide models to address adolescents' unmet reproductive health needs and have identified areas that need more attention.

Training efforts need to be tailored to the type of provider, with ways identified in each country to motivate pharmacists to attend training sessions. The capacity of training institutions needs to be improved by working with professional pharmacy associations and training institutions. Attention is

HOW TO CREATE YOUTH-FRIENDLY PHARMACIES

The Program for Appropriate Technology in Health (PATH) has developed a "Youth-Friendly Pharmacy Program Implementation Kit" to assist health programmers around the world. The kit is available at <http://www.path.org/publications/pub.php?id=860>. It includes materials and examples from the RxGen projects in Cambodia, Nicaragua, and Kenya. All parts of the kit can be adapted and used in other projects. It has four major sections:

■ Guidelines for Implementation (overview of whole process)

- Step 1. Pre-project Assessment* – identify needs, obstacles, stakeholders, youth efforts; create awareness among stakeholders
- Step 2. Engaging and Partnering with Local Stakeholders* – identify partners and develop mechanisms for implementation
- Step 3. Strengthening the Capacity of Pharmacy Staff* – training on counseling and communication skills with youth, and on technical information on contraceptive methods, sexually transmitted infections, and other topics
- Step 4. Outreach and Materials Development* – inform and reach youth with health messages; link youth with youth-friendly pharmacies through logo and branding; develop job aids for pharmacists, referral cards, and other materials
- Step 5. Monitoring and Evaluation*
- Step 6. Maintaining and Sustaining the Project*

■ Implementation Tools

A training curriculum with separate modules on adolescent reproductive health, customer relations skills, contraceptive methods, and management of sexually transmitted infections

■ Prototype Evaluation Instruments

Sample information packet for stakeholders, memorandum of understanding, and evaluation tools such as interview questionnaires and focus group discussion guidelines

■ Samples of Printed Materials

Reference materials, job aids, and display materials

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also needed on monitoring and quality improvement systems, as well as links with the ministry of health and other community organizations that provide health services. Regular monitoring of individual pharmacies can help maintain good quality and ensure that current staff members have received the youth-friendly services training. After pharmacies are prepared to offer youth-friendly services, more focused efforts are also needed with youth. Clear information is needed for clients, including referrals to services through product package inserts. IEC materials for youth need to link the availability of services to a branding system for youth-friendly pharmacies.

Adding youth-friendly pharmacies to the existing range of services for youth can contribute to improving the knowledge and use of services by youth for better reproductive health and HIV prevention.

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YouthLens is an activity of YouthNet, a five-year program funded by the U.S. Agency for International Development to improve reproductive health and prevent HIV among young people. The YouthNet team is led by Family Health International and includes CARE USA and RTI International.